

State of Washington
Application for a Water Right

Please follow the attached instructions to avoid unnecessary delays.

Paid CR# 2835
For Ecology Use
Fee Paid 10.00
Date 3/24/97
MAR 24 1997

Section 1. APPLICANT - PERSON, ORGANIZATION, OR WATER SYSTEM

Name WILBUR G. HALLAUER Home Tel: (509) 476 - 2486
Mailing Address 406 EASTLAKE ROAD Work Tel: () -
OROVILLE, WA 98844
City _____ State _____ Zip +4 _____ + _____ FAX: (509) 476 - 4214

Section 2. CONTACT - PERSON TO CALL ABOUT THE APPLICATION

☒ Same as above

Name _____ Home Tel: () -
Mailing Address _____ Work Tel: () -
City _____ State _____ Zip +4 _____ + _____ FAX: () -
Relationship to applicant _____

Section 3. STATEMENT OF INTENT

The applicant requests a permit to use not more than 20 (0.045 cfs) (☒ gallons per minute or
☐ cubic feet per second) from a ☐ surface water source or ☐ ground water source (check only one) for the
purpose(s) of domestic, stockwater, small garden. ATTACH A "LEGAL"
DESCRIPTION OF THE PLACE OF USE. (See instructions.) NOTE: A tax parcel number or a plat number is
not sufficient. SE 1/4, S 1/4, S 6, T 37, R 27 PMK WELL LATER AUG 7 97 Not achievable at
Estimate a maximum annual quantity to be used in acre-feet per year: 50 Q:

☐ Check if the water use is proposed for a short-term project. Indicate the period of time that the water will be
needed:

From ____/____/____ to ____/____/____

Section 4. WATER SOURCE

If SURFACE WATER						If GROUNDWATER		
Name the water source and indicate if stream, spring, lake, etc. If unnamed, write "unnamed spring," "unnamed stream," etc.: <u>Two diversions</u> Number of diversions: <u>Unanamed spring</u>						A permit is desired for _____ well(s).		
Source flows into (name of body of water): <u>Dissapates into ground. Is in Okanogan River Basin</u>						Size & depth of well(s):		
LOCATION <u>NW 1/4, NE 1/4, Section 7- T 37 N., Range 27 EWM as shown on USGS Tonasket Quad map of 1982</u>								
Enter the north-south and east-west distances in feet from the point of diversion or withdrawal to the nearest section corner: <u>Approx 1500 feet to the NE corner of Section 7-37-27 E.</u>								
1/4 of	1/4 of	Section	Township	Range(E/W)	County	If location of source is platted, complete below:		
						Lot	Block	Subdivision
<u>NW</u>	<u>NE</u>	<u>7</u>	<u>37</u>	<u>27 E.</u>	<u>Okanogan</u>			
For Ecology Use Date Received: <u>3-24-97</u> Priority Date: <u>3-24-97</u>								
SEPA: Exempt/Not Exempt FERC License # _____ Dept. Of Health # _____								
Date Accepted As Complete _____ By _____ Date Returned _____ By _____						WRIA: <u>49</u>		

Section 5. GENERAL WATER SYSTEM INFORMATION

- A. Name of system, if named: We refer to this as the "Rothrock spring" but it is not named on USGS map. The system will be called Rothrock spring
- B. Briefly describe your proposed water system. (See instructions.)
Gravity feed to stockwater tank and planned domestic (mobile home) useage.

- C. Do you already have any water rights or claims associated with this property or system? ☒ YES ☐ NO
PROVIDE DOCUMENTATION.
Have extensive irrigation water rights and in process of planting orchard nearby

Section 6. DOMESTIC / PUBLIC WATER SUPPLY SYSTEM INFORMATION
(Completed for all domestic/public supply uses.)

- A. Number of "connections" requested: one Type of connection mobile home
(Homes, Apartment, Recreational, etc.)
- B. Are you within the area of an approved water system? ☐ YES ☒ NO
If yes, explain why you are unable to connect to the system. Note: Regional water systems are identified by your County Health Department.

Complete C. and D. only if the proposed water system will have fifteen or more connections.

- C. Do you have a current water system plan approved by the Washington State Department of Health? ☐ YES ☒ NO
If yes, when was it approved? _____ Please attach the current approved version of your plan.
- D. Do you have an approved conservation plan? ☐ YES ☒ NO
If yes, when was it approved? _____ Please attach the current approved version of your plan.

Section 7. IRRIGATION/AGRICULTURAL/FARM INFORMATION
(Complete for all irrigation and agriculture uses.)

- A. Total number of acres to be irrigated: 1/4 acre
- B. List total number of acres for other specified agricultural uses:
Use grazing Acres 30
Use _____ Acres _____
Use _____ Acres _____
- C. Total number of acres to be covered by this application: one
- D. Family Farm Act (Initiative Measure Number 59, November 3, 1977)
Add up the acreage in which you have a controlling interest, including only:
‡ Acreage irrigated under water rights acquired after December 8, 1977;
‡ Acreage proposed to be irrigated under this application;
‡ Acreage proposed to be irrigated under other pending application(s).
1. Is the combined acreage greater than 2000 acres? ☐ YES ☒ NO
2. Do you have a controlling interest in a Family Farm Development Permit? ☐ YES ☒ NO
If yes, enter permit no: _____
- E. Farm uses:
Stockwater - Total # of animals 20 Animal type beef (If dairy cattle, see below)
Dairy - # Milking _____ # Non-milking 20

Section 8. WATER STORAGE

Will you be using a dam, dike, or other structure to retain or store water?

☒ YES ☐ NO

Stockwater tank and small domestic holding reservoir

NOTE: If you will be storing 10 acre-feet or more of water and/or if the water depth will be 10 feet or more at the deepest point, and some portion of the storage will be above grade, you must also apply for a reservoir permit. You can get a reservoir permit application from the Department of Ecology.

Section 9. DRIVING DIRECTIONS

Provide detailed driving instructions to the project site.

Drive to Tonasket airport. Take private roads west from there. See map appended.

Section 10. REQUIRED MAP

A. Attach a map of the project. (See instructions.)

Copy USGS map attached to next page. This shows detail of spring & roads.

Section 11. PROPERTY OWNERSHIP

A. Does the applicant own the land on which the water will be used?

☒ YES ☐ NO

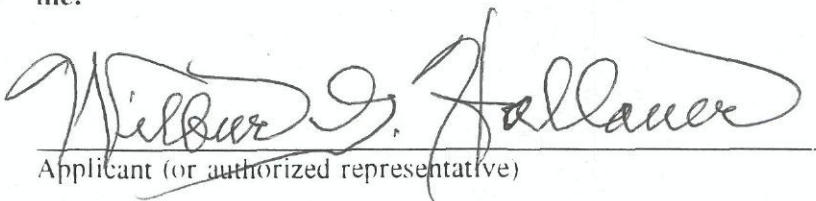
If no, explain the applicant's interest in the place of use and provide the name(s) and address(es) of the owner(s):

B. Does the applicant own the land on which the water source is located?

☒ YES ☐ NO

If no, submit a copy of agreement:

I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I grant staff from the Department of Ecology access to the site for inspection and monitoring purposes. Even though I may have been assisted in the preparation of the above application by the employees of the Department of Ecology, all responsibility for the accuracy of the information rests with me.


Applicant (or authorized representative)

March 21, 1997

Date



Landowner for place of use (if same as applicant, write "same")

Date

3/21/97

APPLICATION

54-32519

Use this page to continue your answers to any questions on the application. Please indicate section number before answer.

We are returning your application for the following reason(s):	
_____ Examination fee was not enclosed	APPLICANT PLEASE RETURN TO CASHIER, PO BOX 5128, LACEY, WA 98509-5128
_____ Section number(s) _____ is/are incomplete	APPLICANT PLEASE RETURN TO THE APPROPRIATE REGIONAL OFFICE
Explanation:	
Please provide the additional information requested above and return your application by _____ _____ (date).	

Ecology staff _____ Date _____

To receive this document in alternative format, contact Lisa Newman at (360) 407-6604 (Voice) or (360) 407-6006 (TDD).